*****REGISTRATION FORM*****

Seventh Annual GLOBE Conference July 22-26, 2002

Embassy Suites – Downtown/Lakefront Chicago, IL

PLEASE print or type form

and submit via fax to Ms. Melanie Whitmire at 1 (303) 497-8633 no later than June 14, 2002

Title: (Mr., Mrs., Ms., Dr.	, Other)	_						
First (Given) Name: Last (Family) Name:								
Name as it should appear on your name badge:								
Complete Address: (Instit	ution, street address, o	city, state or province, postal code, coun	try)					
Phone:	Fax:	Email:						
	**** <u>LO</u>	DGING REQUEST*****						
To guarantee rate and av	vailability – Registra	tion form must be received no later th	nan June 14, 2002					
Date of Arrival:		Date of Departure:						
•		21 through Thursday, July 25 – there a fuly 20 and they will be available on a fi						
Triple : \$209 + 14.9% tax Each suite consists of a p out sleeper sofa. For more	or \$240 per day Crivate bedroom with of detailed information of	Double : \$189 + 14.9% tax or \$217 per Quad : \$229 + 14.9% tax or \$263 per one king size or two double beds, a separation rooms and amenities go to: ommodations.jhtml?ctyhocn=CHIREES	r day					
order to the hotel to guaran	ntee your room)	tee your first night's lodging (or you ma						
Credit card type: (MC, Vi	sa, Diners Club, Disco	over, Amex accepted):						
Name as it appears on care	d:		_					
Your Signature:								
Credit Card Account Num	ber:		Exp:					
I plan to share a room with	the following particip	pant:						
I would like assistance in f My gender is: Male	_							
Dietary restrictions/special	requests:							